

Child and Family Advisory Committee

Meeting Summary February 21, 2006 Hanover DSS Meeting Room Ashland

Welcome and Introductions

Jean Felt

Jean opened the meeting with introductions. Minutes from the previous meeting Joyce moved and Catherine seconded motion to approve the minutes.

Celebrations

Committee

Henrico I books distributed to middle schools, school system were not functional. Dana presented public comment at the school board meeting in January and the laptops were fully loaded and functional. Dana celebrated the school board's responsiveness to the concerns expressed.

Joyce – announced plans for a statewide conference July 28-29 to bring family members and service providers together. Save the date announcements will be disseminated soon. Childcare will be provided to conferees

Virginia Transition Forum – scheduled for March 20-22 at the Hotel Roanoke. Funding for the forum comes primarily from the Department of Education and Department of Rehabilitative Services. Several presenters will be youth, a number of breakout sessions have been planned exclusively for youth.

Family Networking Report to the Committee – Pertinent points:

- Opportunity for families to present their priorities. Wondering about the possibility of more information about children and children's services on the website, it would be helpful.
- Chart of agencies, who they serve and what services they provide. Families are interested in an organizational chart for state agencies as well family networking agencies, child advocacy support groups, family networks within agencies to bring their information for the committee. Confusion about what is available. Interested in the functions of agencies, these are the state agencies for services, how to access the services, etc. OCFS will ask each state agency to describe services. Family members see this as a resource for all families. Where do families go to talk about respite, funding streams that pay for services, special education, early intervention, EPSDT. Suggestion: categories for each request, each agency can plug in the information and return to the OCFS. VITC agreed to work with DOE and its T-TAC to develop a

resource list for middle and secondary schools, possible to integrate resources. Looking at resources for transition for students with IEPs, compiled regionally, providing opportunity for a drop-down list of community resources. VITC just started work on this project. At the next meeting family networking could discuss and offer format for committee's consideration.

- Family networking opportunities, for a parent to present a case study at each meeting about issues families are confronting and for state agency representatives to assist with problem solving. Families want a better understanding of what agencies do, in the context of a case study, something that is real to families, to help make recommendations about policy issues for the Department. Another issue, want the advocacy agencies to do a brief presentation, Parent to Parent and Family Voices presentations at the May meeting.

Presentation – Case Management

Pat Thacker
Director, MR Services
Hanover CSB

How Hanover's system works for case management. The case managers are in an in-service, *Walk a Mile in My Shoes*, jam-packed with participants. Hanover County, because of parents has started a program for children with disabilities are being integrated into after school activities, mentors working with these children, chosen by their teachers. Hanover is the only CSB that does not have an early intervention program. Hanover views early intervention as a school program.

Case management; people don't like to be called cases or like their lives managed. Richmond uses terminology of service coordination. Case management has changed dramatically; amount of oversight less, requirements has increased to meet Medicaid requirements. Case managers used to have more time to spend with families; unfortunately many of those opportunities have been lost. Many services are now provided over the phone. Case management is an important service, linking families with services, monitor services, the most difficult part of the job, to monitor services that are not part of the services of CSBs. Urged the committee to share the proposed resource directory with the CSBs. The job of the case manager is to assist families to negotiate the system. Some CSBs have limited services to only people on Medicaid. Some CSBs have limited case management to children who have graduated high school. Case management is one of the best services CSBs provide. Hanover CSB receives approximately 40% local funding; residential services are difficult to access (from the MR perspective). The majority of the caseload for Hanover is between 20 and 45. Seeing many more children with severe disabilities. Services are changing, case managers have to learn a whole bunch of new services. CSBs service 40, 966 children across the Commonwealth. There are 15 group homes in Hanover County, 3 are owned and run by the CSB, and private providers operate others. Question: how is person centered planning ensured? Case managers attend Positive behavioral supports training and all program coordinators are well versed in person-centered planning and monitor to ensure that person centered

planning occurs. Person centered planning is occurring on the mental health side throughout the region. Hanover Industries, 10 individuals are involved in this program, assembly lay-off kits for Virginia Employment Commission, some individuals want to do repetitive activities, Hanover recycling is another facet of the Hanover Industries, individuals working there receive at least minimum wage, Department of Public Works individuals are there all the time, planning for an integrated site. Locomotion, integrated, print-screening enterprise, 60 employers supporting supported employment, and community employers are supportive of supported employment. Best Buy donated the equipment for a resource room for individuals looking for employment used by Hanover human resource agencies. A staff person is assigned intake, must have a diagnosis of mental retardation, psychological exams are provided by Hanover CSB to ensure current information is available, social history and financial intake are completed, and then family is assigned a case manager. Point of entry is MR Case Management number. There is a waiting list for services, specifically day support and residential services. Individuals stay in services, day support programs, try to transition special education graduates. Choice is important and clients can opt to stay in a program. Boards receive state and local funding, family fees; state agency oversees the 40 local boards, local autonomy drives the system. The two services CSBs must provide, emergency services and case management. Hanover works closely with DRS, may make referral to supported employment, work closely with MH and SA side, may access employment services. Hanover uses the Centers for Independent Living as well as DRS. DD waiver does not have a home, other developmental disabilities are floundering for a home and funding. One in four children with disabilities, either 0 to three or 0 to five, in Hanover have a diagnosis of autism. Contact information 804-365-4271. Arlene Belfield to present at the next meeting.

Update – OCFS

Shirley Ricks

- **Governor’s Transformation Initiative** – serious commitment to transform the system of MH/MR/SAS services. (See handout). \$174 million to expand services for children and adults.
- **Integrated Strategic Plan** – blueprint for the Department for transforming systems. Vision statement is included in the ISP. (See handout). Question regarding page 7; plan for funding for peer run groups, pilots, drop-in centers, some funding from the Governor’s initiative. For children it would involve family resource centers and family support.
- **Budget for Children’s Services** - \$17.4 million for transformation initiative for children. \$8 million for Part C Early Intervention Services for children for biennium. The Department will identify how the funds will be allocated. \$2 million for children and adolescents, \$1 million for SOC, this will add two additional programs, \$1 million for expansion for mental health services in juvenile detention centers. DCJS funded 5 projects, added two more, with \$1 million will add 8 more centers bringing the total to 15 detention centers. (There are a total of 25 detention centers statewide). SOC, RBHA and PD 1, one rural and one urban. The SOC is for community

services, to serve children closer to home. The ultimate goal is to bring children back from residential care into the community. SOC is for children with behavioral health issues, will involve stakeholders to design a SOC, building off what already exists, eliminating silos and fragmentation of services. Funding is intended to support the infrastructure; goal is to keep children and families together as well as expanding capacity in communities. Proposal process, panel of 5 reviewers, asked for volunteers to participate on the panel, same process for detention center sites, proposals scored, and recommendations made back to the Department. There are specific challenges for how to allocate the funding for Part C and decisions have not been made yet. Waiver slots for children under the age of 6, 110 slots, funding will come from Medicaid. Catherine Hancock offered an update about budget amendments that have been proposed, one proposal contains some language to increase waiver slots, for DD waiver, 100 slots and the other proposal provides for 60 slots. Leadership and Partnership and Guiding Principles documents were disseminated to the committee and Shirley emphasized key concepts from the documents.

The Department Support Efforts for the Transformation Initiative for community-based services include:

Outcomes: The Department's Outcomes workgroup comprised of Central Office, CSB/BHA, Consumer and Advocacy leadership has been meeting regularly to identify several outcome measures that would reflect system transformation. The group expects to have final recommendations by May.

Service Development: This workgroup is comprised of Central Office, CSB/BHA, Consumer and Advocacy leadership to maintain ongoing linkage with all funding recipients during the biennium. The workgroup will ensure that all community based services funded and developed through with transformation initiative funds reflect shared commitment to partnership, good stewardship for public funds, and services that link with the Department's Integrated Strategic Plan.

Training: this group will work with the training liaison to advance workforce development to integrate the recovery model within into new services.

There was discussion about the ISP and funding and how does the funding for facilities align with the commitment to community based services

- **Use of State Facilities Beds for Children** – OIG report related to under-utilization of beds in state facilities and the cost per day. OIG recommended pulling together a workgroup to look at use of facility beds. The Commonwealth Center has been working to decrease the length of stay for children in their facility. That action has created a daily census that is lower, the number of children served each year goes up, beginning Feb 23, a subcommittee of the Child and Adolescent Services (Special Populations Workgroup) plans to look at private and public residential beds, acute crisis stabilization, the subcommittee plans to ask the following questions: who are

the public facilities serving now and why, how well do they serve the children, how do we know that, who should they be serving, with the SOC models, what is the role of a state facility in a SOC model, where would the beds be located in the context of a SOC, what priority community based services are needed now, what would take the place of the beds, building an infrastructure across CSBs, looking into the future of what would be the new role of state facilities in the continuum. Who are the facilities currently serving, plan to bring demographic information and a study that the Commonwealth Center just completed to the subcommittee meeting. Virginia is in dire need of acute intervention services for children. The Department is required to report acute and residential beds quarterly to the General Assembly.

- **Legislation** – tracking two bills SB 290 allows special justices to do commitment hearings for children and the other bill SB 368. This bill allows children in mental health facilities to have their temporary detention orders (TDO's) where the child is located and also allows mental health facilities to provide mental health reports to the courts.

State Agency Reports

State Agency Representatives

DJJ is taking the lead in the development of regulations to improve transition for youth with behavioral health issues from secure detention into community services, for young people coming out of long term stay or juvenile detention center, an interagency group will look at the service needs of the youth to be sure that the youth does not fall through the cracks.

Medicaid: tracking bills in the General Assembly and tracking what's happening at the federal level related to Medicaid.

CSA: getting ready to hire a family representative. Parent will serve as an ombudsman for parents confronting issues with CSA. The Department has received several letters complaining about local FAPT teams, Dawn Howard will be sure that the CSA family representative deals with constituents' concerns.

Priorities for the Advisory Committee

Jean Felt

Jean stressed the importance of establishing priorities for the coming year. Pertinent points from the discussion:

- Families need to pick a couple of priorities for the OCFS, closure, leadership, and direction for the office in the committee's role of advising and assisting the Office.
- Family networking suggestions from the morning asking for significant action for a map of the system. It would be helpful for the whole system.
- Is there a need for subcommittees to work on specific issues? How does the committee share information outside of these meetings? Would subcommittees provide a structure to deal with issues?

- Purpose statement for the committee; (see handout), looking for the committee to identify a couple of priorities for children's services statewide. Role for families for the teams that will be involved with the Department's transformation initiative. Issues will come from hearing about them from experts
- Developing the resource directory, the parents will develop the questions, what the state agencies are responsible for and how to access the agencies. If folks can say here are the questions, then the state agencies can answer the questions. Possible to facilitate a conference call for the discussion about the questions families want answered.
- For May meeting, families need to meet for an hour, turn the learning into action. Parent group needs more time to meet, for the May meeting the families will meet from 9:30 to 10:30. Volunteers to work on the community resources, Katherine Wittig and Don Roe agreed to work on the committee. The families will brainstorm ideas and bring to the May meeting.
- Is there too much information being shared? Consensus is that the information is important.
- Policy about children's services. Is it relevant to today? Parents to work on the policies for children's services. The Department may look at children's services over the next six months.
- Policies should reflect what is happening and what should happen. Policies will be one of the two top priorities

Agenda for the Next Meeting

Jean Felt

- Recommendations for the committee for policy changes for review at the meeting after the May meeting.
- Richmond Behavioral Health to discuss their case management system.
- Parents will meet at (9:30)
- Updates from the General Assembly
- Process for applying
- VA INFO - Dana and Maureen will present
- Family story for the next meeting. Randy Moran will be presenter.
- State Agency Reports
- Celebrations

Adjourn

The next meeting is scheduled for May 16, 2006. The location for the May meeting is Conference Room C at the Henrico CSB located on Woodman Road in Glen Allen.